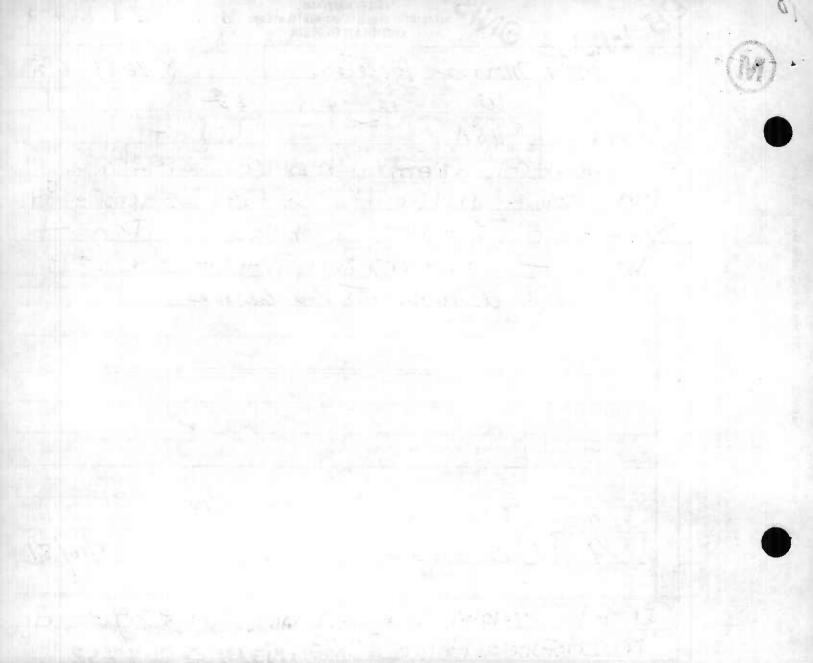
STATE OF MARYLAND

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	3 SE	m	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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te be execute in and comp. Pages 1 and The medical		VAS DECEASED EVER IN U.S. ARA YES, 100 OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR	RITY NO. 11 INFORMANT	ADDRESS	no cottis
requires that the death cert signed by the attending phen please remove carbon pato burial, cremation, or rem	7	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE		MINAL DISEASE OR CONDITION G	IVEN IN PART )(o)
is been int. The prior is was any	CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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NG Ph nding ter thi ne buri and M rked o	MEDICAL	216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21 R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
hospital or atte hospital or atte DIRECTOR: Af hed for use as th Dept. of Health.		220.1 certify that (I) (this hospit saw the declared live an	al) attended the deceased from	and that in (my) (aur) apinion	death occurred on the date and h	, 190 , that (I) (we) los our and from the causes stated
TO HOSPITAL OH ATTEN etained by the hospital or a TO FUNERAL DIRECTOR. TO FUNE detached for use a with the State Dept. of Heal MPORTANT: If item 21 is		above, III and Jako not	Deens	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	8/16/81
TO HOSPITAL of retained by the h TO FUNERAL D should be detached with the State DR		226 PHYSICIAN'S NAME ITHE OR		22e ADDRESS		/
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost First 2o. DATE OF DEATH (Type or print) FREELAND OLIVER hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after signed by the attending physician and campletely filled in by the f burial-transit permit. Then please remave carban papers. Pages lost birthdoy) MONTHS DAYS Male Negro Dec. 31 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED please remave carban papers. WIDOWED-DIVORCED [ Calvert 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Carpenter Barber
13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER SR Huntingtown Stinnett 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2, Box 302 odmission) STATE 13b. COUNTY Calve rt Huntingtown Calve rt Huntingtown NOTE Stinnett 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Lost Freeland Alice McFergerson William Reid 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) 218-12-9436 Alice Phelps-Huntingtown, Md. 20639 ar remaya 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY an cutting eneralized IMMEDIATE CAUSE (o) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Kenal 4 con us rise to immediate couse (a). and DUE TO: OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse 4ca-5 ankinson's Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been s Hy ner tension Emphysema SD 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO far use YES [ NO F directar, page 3 shauld be detached far use should be filed with the State Dept. af Health FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from September 19 50, to 50, to 50, to 19 51, that (1) (we) last , and that in (my) (aur) opinian death occurred an the date and haur and fram the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. Buyest 11 198 ( 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S Co. Health- Owensville. NAME (Type) Md. 20778 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Plum Pt. Church Huntingtown, Cal 24. FUNERAL DIRECTOR VR A15 (4) Lerov E. 20639 30M REV. 1/68 -Hantingtown Md.

MAKTLAND STATE DEPARTMENT OF HEALTH

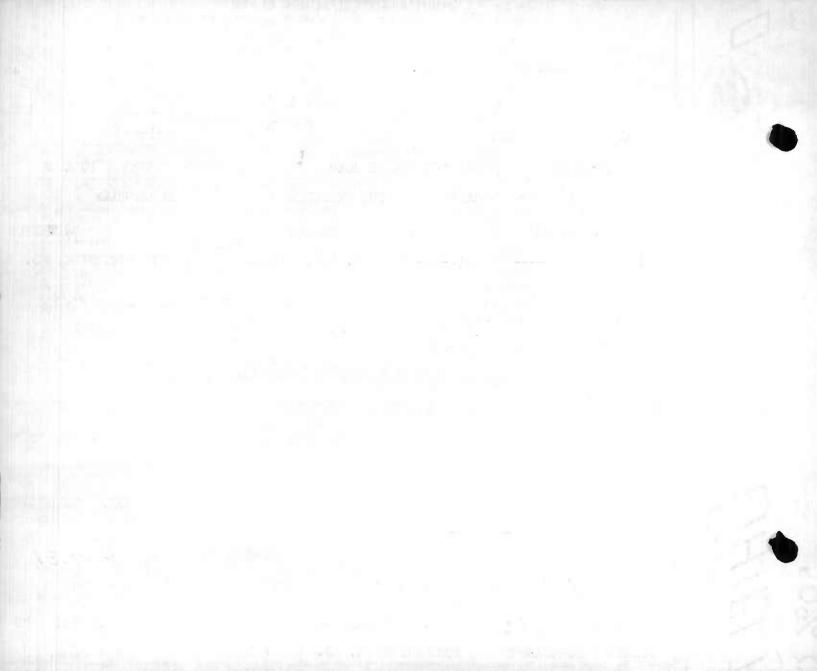
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ORE, MD.	A PA	1	Raymon	ıd	MIDDLE C.	Goodwi		FIR		ille	MIDDLE		Flet	cher
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CAL EXAMINER:	EXECUTE THE CERTIFICATE, PAGET 4 SHOULD BE FORE TO FUNERAL DIRECTOR: 1 AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		22a   certif deoth resulte ACTUAL SIGNATURE _ EXAMINER'S I (TYPE OR PRIN	ed fram: Not	upite	A. Korell,	Suicide	, Homicio	ECIFY) istant	Undetermine  MEDICALE  Penn St	viry , and in a dimension of the control of the con	my opinion	-24-8	1
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3	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA	PRYLAND 27201   2
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	// Mit. doi. \	M. 4. RACE 5. DATE OF BIRTH JULY 15 1916	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS MIN.
	4 hour	RTHPLACE (Stote or foreign y)  NB  7b. CITIZEN OF WHAT COUNTRY?  USA  8. MARRIED   NEVER MARRIED   9. COUNTY O	Calvert Md.
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	amplete ve cark	SUAL RESIDENCE (Where deceased lived, if institution: Residence before ian) STATE MD 13b. COUNTY CALVERT PORT REPUBLIES NO X	STREET AND NUMBER HANCE ROAD
	and co	THER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First WASHINGTON O HANCE MARION	Middle Last CATTERTON
	ertificate be executed within 24 hr physician and campletely filled in ten please remave carban papers avol, and in any event, within 72 hr	VAS DECEASED EVER IN U.S. ARMED FORCES?  NO or unknown) (If yes give war or dates of service) 217-44-3186  T. LLOYD HANCE	PRINCE FREDERICK, MD.
	eath a ending nit. Th ar rem	8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ON TO BE A CONTROLLED ON TO BE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  8/1/8/
	that the dian.  by the attransit pert	Canditians, if any, which gave (a), (b) Consequence of the total of th	1975
	aquires that the physician. signed by the burial-transit burial, cremat	part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition give	/EN IN PART 1(a)
	The law requires the attending physician has been signed by se as the burial-traith prior to burial, cre	CALIC	IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ES OF DEATH?
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	by the haspital ar by the haspital ar the this certificate be detached for un State Dept. at Heal	21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street at R.F.D. Na. (if the park of the par	ty ar Tawn County State
	Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta	couses stated above, (1) (we) (did) (dident) view the body after death.	, 19\$\(\text{\figs}\), that (I) (we) last a sccurred on the date and hour ond from the
	OR ATTENI DIRECTOR: A Je 3 shauld ed with the	DEGREE ATTENDING DIRECTOR DIRECTOR	STAFF DESCRIPTION STAFF SIGNED
	ro Hospital or Page 4 may be to Funeral Dir director, page 3 shauld be filed	NAME (Type) PAGY (TYPE) PAGY (TYPE)	= FREDERICK
	TO HOSPI Page 4 m TO FUNER director, shauld b	REMOVAL (Specify) 8/8/81 ASBURY METH CEM BAI	TION (City or Town) (County) (State)  RSTOW CALVERT MD
Fel	VR A15 (4) 25m-1/70	ONALD V BORGWARDT PORT REPUBLIC, MD. 250. REC'D BY REGISTRAR DATE 12	150 REGISTRAR'S SIGNATURE



23	1.	FOR STATE REGISTRAR				MENT OF I	E OF MARYL BEALTH AND ER'S CERTI	MENTAL	G.		REG. I	2	2	1	2
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		(TYPE OR PRINT)	Dom The		OF ESTI-					
SE SE	13		Don Eton	Mc Mahon	DEATH MATED   8	24 19 81 M				
PLEA RECTO	1 S	SEX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHD	EARS IF UNDER 1 YR. IF UNDER 24 HR	S. 2c. DATE MONTH PRONOUNCED	DAY YEAR 2d HOUR				
>₹35%	2/	male white	III II OCATIO	RS. HOOKS	DEAD 8	24 19 81 2:0QP				
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S NECESSAI FUNERAL 5 FOR YO WITHIN	8-15	COREIGN COUNTRY)	1150	WIDOWED DIVORCED	Calvert Co	untv				
IS N		O CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING HOM		ISUAL OCCUPATION (TYPE OF WORK	7110.				
7 10 2	800	North Beach	HE NOT IN SUCH EACH ITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	R MOST OF WORKING LIFE	OR INDUSTRY				
25 P P P P P P P P P P P P P P P P P P P	500			K	Q+ D.C. Firehold	The LIGHT				
O S	8 -	USUAL RESIDENCE (IF IN NURSING F	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		IREET ADDRESS1] - 1					
AAN AN OUT	多くり	INA IC	conort North Ro	CL YES NO D	SOUD RELIEF	ont				
23,2	₹ 1	14 FATHER'S NAME		IS MOTHER'S MAIDEN NA	ME					
S 1, S 1, NO	344	THEST S	MIDDLE CO CLAST	Se Trinst	WIDDIE	LAST				
A A G B A	o T	160. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS	skeo				
TIM F F F S	S		S, GIVE WAR OR DATES)	7	1	#13				
it., BALTIMORE, MD. 21201 DURS AFTER DEATH. IF ANY DELAY 18. GIVE PAGES 1, 2, AND 31 OT 11 § WITH FORM PM 3. RETAIN PAINT. PAGES 1 AND 2 SHOULD BE FI	NISI	XUU	21732	1959 Jones 14	orton som	6017				
	O MENTAL HYGIENE, DI ON, OR REMOVAL.	18 CAUSE OF DEATH (Ent	ter only one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
TON ST TON ST 1TEM 1 LONG PERMI	E E	PART I DEATH WAS CA	AUSED BY: Shot gun wour	nd of head	Gun: shot gun					
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NSI THE NEW YEAR	EXI	Conditions, if ony, v								
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201 W. PRE UTED WITHI IN PENCIL EXAMINER	Z, O.	lying couse lost.	DUE TO, OR AS A CONSEQUENCE	OF						
. = ~ ~	CREMATION, O		(c)							
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S MODES	HEALTH A	190. DATE OF OPERATION 210. EXTERNAL CAUSE WA								
ULD WEEL		190. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY?				
VITAL I	OF HE.	A L				YES X NO T				
F VITA TE SHOW WORD TE CHIE THE CHIE	WENT OF HI	218. EXTERNAL CAUSE WA	AS 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 PART 1 OR P.					
2 3 2 5	MAN TO THE REAL PROPERTY OF THE PERTY OF THE		HOUR A.M. MONTH DAY YEAR OF DEATH NOON P.M. 8/24	self inflicted						
IVISION CERTIFICATION TITING TO DED TO 3 SHO	SIO	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	21f. LOCATION						
SEE SEE	9 -	M		STREET	CITY OR TOWN CO	DUNTY STATE				
AAR AB	TATE DEPART	WHILE NOT WHILE	home	3942 8thStreet,No	orthBeach, Calvert	tCounty, MD				
DIVISION OF V  WER: THIS CERTIFICATE S  AATE, WRITING THE WO FORWARDED TO THE C  OR: PAGE 3 SHOULD BE	D, D	22s I certify that I took	charge of the remains described above, held an	Autopsy X Inspection .	. Inquiry , ond in my o	ninion				
# 2 x 5	AH	death resulted from:		T-T-		pinon				
₩ SEE BEING	P.T.	degin resolled from:	Accident [], 30		determined monner,					
X 2 2 2 2	. §	ACTUAL T	25hain	TITLE (SPECIFY) Assistant	DATE	8/25/81				
3 H H S	A A	SIGNATURE	13-0000	M.D. ASSISTANT	EDICAL EXAMINER SIGN	ED 0/23/81				
DE S 4 S	88	EXAMINER'S NAME TH	James D. Grand M. D.	111 5 0.		- 01001				
<b>₹</b> 238 <b>2</b>	HE I	(TYPE OR PRINT)	lormez R. Guard, M.D.,	ADDRESS Penn St	reet,Baltimore,N	4D 21201				
DIVI TO MEDICAL EXAMINER: THIS CEL EXECUTE THE CERTIFICATE, WRITH TO FUNERAL DIRECTOR: PAGE 31	A &	230 BURIAL, CREMATION, REMOV	AL 23h. DATE 23c. NAME OF CE	METERY OR CREMATORY 23d.	LOCATION	HIV . Dru I				
BP		Promot	8-28-81 Snitta	Man Credon	Dynkink Cil	hart (Md				
		14 FUNERAL DIRECTOR		250. DATE REC'D.	BY REGISTRAR 251 SEGISTRAR	SIGNATUREZA				
DHMH - (VR A15 M		Ka	TIO OSCIPESS UN	C DILA	1 1981 Manu	pomici Angelia.				
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			REGISTRAR		M		EXAMI	NER'S CI	ERTIFIC	CATE OF			REG. NO.				
•			CEASED NAME	FIRST		MIDDLE	1	4	AST			DATE KN	OWN K	HINOM	DAY	YEAR	2b. HOUR
W/	ET. S.S.E.			Acad C		Eliz	abeth	Ann	e Mo	e Maho	n	DEATH M	ATED	8	24	9 81	M
	A CE OF	3. SEX		4. RACE	5. DATE OF BIRTI	-I YEAR	6. AGE (IN Y		ER 1 YR.	IF UNDER 2		DATE	· D	HTHOM	DAY	YEAR	2d HOUR
	1. IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHING YOURS ALRECORDS, 201 W. PRESTON STREET,	fe	male	white	8 20	44	00	RS. MONTHS	DAYS	HOURS	MIN PR	DEAD	U	8	24	19 81	2:00F
	RESSA RESSA	7a. B	RTHPLACE (ST	ATE OR	76. CITIZEN OF V	VHAT COU	NTRY?	8. MARRIE	D A NEV	VER MARRIE	D 🗆 9.1	BALTIMOR	E CITY OF	COUN	TY OF D	EATH	
	DANCE STA	IG	midaac	its DC	U5 F	7		WIDOWE		DIVORCE		Calv	ert (	Coun	ty		MD.
	SE ED		TY OR TOWN	OF DEATH	11. NAME OF HO			E, OR OTHE	RINSTITUT	TION	12a. USUAL	OCCUPAT	ION (TYPE	OF WORK	12b KIN	D OF BUS	SINESS
	SE POLE		North I		3942	8th S	treet				hor	1001	1216		1	MC	
5	AY DO 3	USU/	L RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION,	113c CIT	E BEFORE ADMISS	ion)	3d INSIDE CI	ITY LIMITS?	13e STREET	ADDRESS	0				
21201	ANDRES		Dd	(6)	hert	No	orthBe	ach	YES 🗌	NO	39	42	87	540	eo:	1	
WD.	H. II.	15.5	THER'S NAME	E TATE OF	MIDDLE	-1	LAST \			R'S MAIDEN	NAME	MIDDI	LE		7	AST .	
E S	PAGES I PAGES I S I AND	1	clo	h		Sto	StIC	>	<	hire	00,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5	nth	1
W	PAGORA	16a. V	VAS DECEASEL	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURI	TY NO.	7. INFORA	THAN		/	ADDRESS			,	1
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	D BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, MEDICAL EXAMINER ALONG WITH FORM PM 3. AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SEALTH AND MENTAL HYGIENE, DIVISION OF WITAL CREMATION. OR REMOVAL.		18 CAUSE O	F DEATH (Enter on	y one couse per li	ne for (o), (b	), ond (c).)								API	PROXIMATE EEN ONSET	INTERVAL AND DEATH
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×	D WITH PENCIL AMINER - TRAN ENTAL		couse (o) lying cou	stoting the under-	DUE TO, C	R AS A CO	NSEQUENCE	OF		100							
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VITAL RECORDS,	MATA BELEATER	1_	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATEO TO THE TER	MINAL DISEASE (	R CONDITION	N GIVEN IN PART	1 (0).						
8	ARD ARD	CERTIFICATION														713	
7	AL HE	3	190 DATE OF	OPERATION	196 CONE	ITION FOR	WHICH OPE	RATION WA	S PERFOR	MED?					20. A	JTOPSY?	
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۵	HIS WRI ARE ARE 120	*	AT WORK	NOT WHILE	ho	me		3942	8th	Stree	t, Nor	thBea	ch, C			D., N	
	ME. T VTE, ORW DR. P. E. ST ID, 2		22a 1 certif	y that I took charg	e of the remains d	escribed ob	ove. held on	Autopsy	X.	Inspection		Inquiry [	ond	in my o	pinion		
	M SER CEN		death resulte	1.	ol couses .	Accident		uicide .		ide X		nined monn		,			
	ARY ARY	1		4106	In di	1			TITLE (SI	_							
	A ALE		ACTUAL SIGNATURE	V/X	va	0		M.D	Assi	istant	MEDICA	LEXAMIN	ER	DATE	ED 8	/25/8	31
	DEAR STATE	-	EM A A A B IED/G	Ho	rmez R.	Guard	M.D.					Stree				MD 2	1201
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXEC EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUJ AFTER DEATH, WITH THE STATE DEPRIMENT OF HEALTH AN BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATIL	-	EXAMINER'S (TYPE OR PRIN				,	A	DDRESS_			00100	c,Dar	C 22111	,	1110 2	1201
	5X45A8	23a.B	URIAL, CREMAT	TION, REMOVAL 2	3b. DATE	23ε.	NAME OF CE	METERY OR	CREMATO	ORY	23d. LOCA	TION		_ cou	nty	, 40	IE.
	BP	1	Dirick		8-28-8	813	stuce	Mor	en (	-ordo	bI	Dock	sk	0	are	1 +1	nd
	DHMH - 17	24.E	NERAL DIREC	TOR	. ADDRE	ss	OLUK	65		25a. DATE RE	C'D. BY RE		25b. REGIS	TRAR'S	SIGNATI	77.774	
	(VR A15 ME (5)) 15M 2/80	1	aus	chfunc	2501 HO	me	J C. 1	Md		M	G31	1981	My		7		<b>S</b>
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6		1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2 1	2 1 7
	7		CEASED NAME FRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
	4 pe	(TYPE	Alice	Virginia	MORELAND	August 3, 1981	1:15 P <sub>M</sub>
	per & ma ctor, po after d	1-SE	amalo (	RACE	S DATE OF BIRTH	& AGE (IN YEARS CAST BIRTHDAY)  FUN MONTH	IDER 1 YEAR OF UNDER 24 HRS
	48	Fe. B	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?		TA BALTHAORE CITY OR COUNTY OF	DEATH
	(M) 23	14	Cryland	)5A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Calvert County	MD.
	129		r. Frederick	(IF NOT IN SUCH FACILITY, GIVE STREET			NO KIND OF BUSINESS OR
20	1 20 4				orial Hospital	1+0000 I-	DIOCCO
MARYLAND 21	within 24 h	130	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	
MARY	npletel nd 2 sh ical ex	-	FIRST MIDI	T Mobile	S FIRST	O TOTAL MIDDLE	1000
BALTIMORE, A	nd conness 1 ar		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	- M-I
W.	an ar an ar			1)16585	9741-00-01	who then	Should
	certifica g physici n papers removal atic even		18 CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED BIMMEDIATE OF	IY. (   // s a	el C.Va (x	Smortage	MITMEN CHAST AND DEATH
PRESTON ST	death tending carbon on, or traum		4392	DUE TO, OR AS A CONSEQU	ENCE OF		7/3/8
PRES	the att		Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE DE A DO	of A	10.
0 W.	quires that igned by the please remburial, creringly, or o		underlying cause last.	(c) CU	Make C	V. alesery	10 years
RDS, 2	n s her to	N Q	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN 11	N PART Ho
DIVISION OF VITAL RECORDS, 201	V: The law te has bee permit. The permit. The prior service of the prior service of the permit of th	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		RE FINDINGS USED G CAUSES OF DEATH?
DF VITA	SICIAN ysician ertifica transit tal Hyg tem 18	_	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)
N C	phy: ng ph thisc urial- Men d or 1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
DIVISIO	ENDING Por attending DR: After the as the burselth and N is marked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.) STREET	CITY OR TOWN	OUNTY STATE
u	al or a al or a al or a al or a cruse a f Heal of 121 is		22a i certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not) v		S/SO 19	death occurred on the date and hour and	, that (I) (we) lost
	0 114 9		above, (1) (we) (did) (did not) v	ight the body after death.	DEGREE		226. DATE SIGNED
			foge	- Gest	111 TATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8-3-81
	ONE DINE		224. PHYSICIAN'S NAME LEYPE OR PR	1	22e ADDRESS		
	TO HOS retained TO FUN should be with the IMPORT	23a.	Page C. Jett, M		Prince Fred	lerick, Maryland 206	78
	BP	H	TIG !	8-6815	m14hullo	200 10WY 10 CO	50 Dept My
7.	DHMH-16 25M (VRA 15, 4) 1/79	2475	DIE AL DIRECTOR	FUNO RA PODESS	Walker	Her Co. A. M. A. R. L. V. S. S. V. S. S. V. S. S. V. S. S. V. S. V	SHAMATORE CO.
ch		-				STATE OF THE PARTY	

	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF	TE OF MARYLAN HEALTH AND MI FICATE OF DE	ENTAL HYGI		. NO.	2 1	2	19
		CEASED NAME F	FIRST	WIDDLE		LAST		20 DATE OF DEATH	H MONTH	DAY YE	AR 2b	HOUR A
eath eath		Jo	seph	Louis	PEL	LEGRINO		Au	iaust	15_19	81	1:25 M
er d	3 SE	x	4 RACE		5 DATE (	OF BIRTH	YEAR	AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER I		UNDER 24 HRS
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te da		ASHINGTON D		USA	MARRIE WIDOWI	D NEVER MA	ARRIED	9 BALTIMORE CIT		UNTY OF DEA	тн	MD.
Se non	-	ITY OR TOWN OF DEATH	(IF NO	TE OF HOSPITAL, NE TIN SUCH FACILITY, GIVES Calvert Me	STREET ADDRESS)	OR OTHER INSTIT	UTION	120 USUAL OCCUP	ATION	ING LIFE) 12b. KI	ND OF BUILDING	AN UNIV
T. Care	130	AL RESIDENCE (# NURSING	CALVERT		BEFORE ADMISSION) EONARD	134 INSIDE CITY	Y LIMITS?	130. STREET ADDRE LONG BI	ss EACH	ROAD		
Co4	14. FA	ANTHONY	MIDDLE	PELLE	GRINO	IS MOTHER'S A	LONETTI	E MIDDE			PERNA	
medical medical	160 V	WAS DECEASED EVER IN	U.S. ARMED FOR		SECURITY NO	17 INFORMAN	T	AD		BOX 550		
the	,	NO			5-8515	SHIRLEY	B PEI	LEGRINO	ST	LEONRRI	, MD	. 20685
stion, or removal.		Conditions, if ony, w	hich (	(b) Myor	sequence of Landial	Linfar	etcon				lan-	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 8

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THPLACE (STATE OR  SSH. D.C.  YOR TOWN OF DEATH  CINCE  CACHICK  L RESIDENCE (IF IN NURSING HOM  ATE  TYLAND  THER'S NAME  FIRST  GEOTGE  AS DECEASED EVER IN U.S. A  S. NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter of	July 5, 1 7b. CITIZEN OF WHAT U.S.A.  11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT COROTHER INSTITUTION, GIVE R NTY PET  MIDDLE  RMED FORCES? (E WAR OR DATES)	TAL, NURSING HOMITY, GIVE STREET ADDRESS)  Memoria RESIDENCE BEFORE ADMRSS  13. CITY OR TOWN  TINCE  Schaefe  LAST	MONTHS DAYS  RS. MARRIED DAYS  MARRIED DAYS  WIDOWED ME  E, OR OTHER INSTITUTE  HOSPITATION  13.4. INSIDE	HOURS  NEVER MARRIED  DIVORCED  TUTION  Lal  E (ITY LIMITS?  NO  HER'S MAIDEN	PRONOUNCED DEAD  9. BALTIMORE Calver  120. USUAL OCCUPATION HOMEMAKE: 34. STREET ADDRESS 420 West	CITY OR COUN T COUN TO	117 OF DEATH  TY  1126. KIND OF BUSION INDUSTRY  DWN HO	INESS
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CEDENICK L RESIDENCE (IF IN NURSING HOM ATE 136. COUTY) AND COLUMN THER'S NAME FIRST GEORGE AS DECEASED EVER IN U.S. A S. NO OR UNKNOWN) (IF YES, GP. NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter of the county) (IF YES, GP. NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter of the county) (IF YES, GP. NO OR UNKNOWN)	(IF NOT IN SUCH FACILITY  CALVETT  OR OTHER INSTITUTION, GIVE R  NTY  /ETT  MIDDLE  RMED FORCES? (E WAR OR DATES)	Memoria RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN PRINCE F:  Schaefe:	1 Hospid	ECITY LIMITS? 1	Homemakes  3. STREET ADDRESS 420 West	r P	Own Ho	m e
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S, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	16b. SOCIAL SECURI		Margar	et	Burde		
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	(c)		MINAL DISEASE DR CONDIT		1 (a).			
				Day or				NO E
UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M. A	MONTH DAY YEA	IR .	RY OCCURRED	(ENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR PA	ART 2)	
WHILE NOT WHILE AT WORK			21f. LOCATION STREET		CITY OR TOWN		YTAUC	STATE
death resulted from: Not	urál causes . A	ccident , S	M.D. Ca	(SPECIFY)	MEDICAL EXAMINER	DATE	8/20/	8/
		23c. NAME OF CE	METERY OR CREMA	TORY	236. LOCATION			
E ( )	PART 2 DTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. 1 certify that I took cha death resulted from:  NOT  ACTUAL SIGNATURE  EXAMINER'S NAME	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  19a. DATE OF OPERATION  19b. CONDITION  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTOR  22a. I certify that I tack charge of the remains described the resulted from Natural causes  ACTUAL  EXAMINER'S NAME GOORGE WEEMS  RIAL, CREMATION, REMOVAL 23b. DATE  EXAMINER'S NAME GOORGE WEEMS  RIAL, CREMATION, REMOVAL 23b. DATE  EXAMINER'S NAME GOORGE WEEMS  RIAL, CREMATION, REMOVAL 23b. DATE  EXAMINER'S NAME GOORGE WEEMS  RIAL, CREMATION, REMOVAL 23b. DATE  B-24-81	PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPE  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  22a. 1 certify that I taok charge of the remains described above, held an death resulted from:  Natural causes  22a. 1 certify that I taok charge of the remains described above, held an death resulted from:  Natural causes  EXAMINER'S NAME GEORGE WEEMS, M.D.  RIAL, CREMATION, REMOVAL 23b. DATE CECKEY)  RIAL, CREMATION, REMOVAL 23b. DATE CECKEY  131  195. CONDITION FOR WHICH OPE  19b. CONDITION FOR WHICH OPE  19c. CONDITION FOR WHICH OPE  19b. CONDITION FOR WHICH OPE  19c. CONDITION FOR WHICH OPE  19b. CONDITION FOR WHICH OPE  19c. CONDITION FOR WHICH OPE  19b. CONDITION FOR WHICH OPE  19c. CONDITION FOR WHICH OPE	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORM 21a. 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I certify that I tack charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Accident Signature  EXAMINER'S NAME GEORGE WEEMS, M.D.  EXAMINER'S NAME GEORGE WEEMS, M.D.  ADDRESS Princ  RIAL, CREMATION, REMOVAL 23b. DATE B-24-81  NERAL DIRECTOR  25a. DATE RE	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  191. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  210. INJURY OCCURRED  210. PLACE OF INJURY (AT HOME, STREET)  211. LOCATION STREET CITY OR TOWN  212. I certify that I took charge of the remains described above, held an Autopsy (Inspection of Induiry)  ACTUAL  SIGNATURE  EXAMINER'S NAME GOORGE WEEMS, M.D.  ADDRESS Prince Frederi  RIAL, CREMATION, REMOVAL 236. DATE  123. NAME OF CEMETERY OR CREMATORY  APPLICATION  AP	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (ATHOME. STREET CITY OR TOWN STREET CITY OR TOWN CONTRIBUTING AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Industry of Inquiry Inquiry Industry of Inquiry	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY? YES   210. AUTOPSY? YES   210. AUTOPSY? YES   210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF A WHICH OPERATION WAS PERFORMED?  210. AUTOPSY? YES   210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  197. HOUR A.M. MONTH DAY YEAR 198. HOUR A.M. MONTH DAY YEAR 199. ALL OCATION STREET NOT WHILE STREET, FACTORY, FARM, ETC.)  210. LOCATION STREET OF THE TOWN COUNTY  211. LOCATION STREET OF TOWN COUNTY  212. LOCATION STREET OF TOWN COUNTY  213. LOCATION STREET OF TOWN COUNTY  214. LOCATION STREET OF TOWN COUNTY  215. LOCATION STREET OF TOWN COUNTY  216. LOCATION STREET OF TOWN COUNTY  217. LOCATION STREET OF TOWN COUNTY  218. LOCATION STREET OF TOWN COUNTY  219. LOCATION STREET OF TOWN COUNTY  210. LOCATION STREET OF TOWN COUNTY  210. AUTOPSY?  211. LOCATION STREET OF TOWN COUNTY  211. LOCATION STREET OF TOWN COUNTY  212. LOCATION STREET OF TOWN COUNTY  213. LOCATION AT 1 COUNTY  214. LOCATION AT 1 COUNTY  215. DATE REC'D. BY REGISTRAR 216. LOCATION AT 1 COUNTY  216. LOCATION AT 1 COUNTY OF TOWN COUNTY  217. LOCATION AT 1 COUNTY OF TOWN COUNTY  218. LOCATION AT 1 COUNTY OF TOWN COUNTY  219. 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		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		1 2	2 6
		CEASED NAME ORPRINT)	FIRST		MIDDLE		AST	20 DATE OF DEATH		OAY YEAR	25. HOUR
			lind		eyson	WATI		August 19			2:00 P
	3 SE	FEMALE		A RACE CAUCASI	AN	5. DATE C	RIL 27 1903	6 AGE IN YEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
35		RTHPLACE (STATE OR FO	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	Calvert			MD
39	Fr	ty or town of DEA Tince Tederick	25.0	Calve	rt Memo	rial	Hospital	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOME MAKEF	F WORKING LIFE		OF BUSINESS OR
36			13b COUL	VERT	PORT REF	UBLI (	152 110 1	13. STREET ADDRESS ROUTE	264		
40		THER'S NAME		MIDDLE .	BATLEY		MARY FIRST	EMIDDLE		TORRE	YSON
	(és V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	212-74-8		JOSEPH B WATE	RS III PRI		X 117 REDERIC	K, MD,
		Canditions, if any, gave rise to imrcause (a), statin underlying cause	which	DUE TO, O	R AS A CONSEQUE	NCE OF (	Mota	slazis		BETWEEN A	MATE INTERVAL ONSET AND DEATH ONSET AND DEATH
	NOI	PART 2 OTHER SIGN		CONDITIONS		POS.	NOT RELATED TO THE TERM		DITION GIVI	Common Co	01
2	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES □ NOX	IN CERTIF	, WERE FINDI	
9		?10. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA		DF INJURY .M. MONTH DA M.	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, P	ART 1 OR PART 2	
	MEDICAL	21d. INJURY OCCURE  WHILE AT WORK IN NOT WE AT WORK	HILE [	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	ZII LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		226.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive an	- 8	119 19	87 0	nd that in (my) (aur) apinian	death accurred an the de	15 ate and have	,	that (I( (we) last causes stated
1		226. SIGNATURE	TM	unst			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAL		22c. DATE	20/87
,		224. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRESS				
1		Anwar M	unsh	i, M.D	•		Prince Fre	ederick, M	laryl.	and 20	)678
	22 5			1000	22.5	LANE OF C		Table LOCATION			

TO FUNERAL DIRECTOR: After this certificate h BP.

DHMH-16 25M (VRA 15, 4) 1/79

BURIAL 24 FUNERAL DIRECTOR DONALD V BORGWARDT

230 BURIAL, CREMATION, REMOVAL

8/22/81 PORT REPUBLIC. MD.

236. DATE

FORT LINCOLN CEM

Prince Frederick, Maryland 20678 23d. LOCATION CITY OF TOWN 23¢ NAME OF CEMETERY OR CREMATORY BRENTWOOD

COUNTY PR GEO

STATE MD

DATE PEC'D. BY REGISTRAR TO REGISTRAP'S SIGNATURE

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